SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS

135 East Illinois, Suite 214 SPEARFISH, SD 57783 (605) 642-1600

RELICENSURE APPLICATION

For Board Use Only: Returned to Board Office Date _____ Ck # ____ Due June 30th **Please Print or Type** Today's Date: _____ Last Name: _____ First Name ____ Lic #: _____ Social Security #: ______ I am not renewing _____. If not renewing, please complete the top portion and return this form to the board office. No additional notices will be sent to you. ______ Home Address: P.O. Box or Street City State Zip Code Business Name _____ Business Address _____ Since the original date of your South Dakota Psychologist license, 1. Has this or any other state rejected your application or revoked your professional license or certificate? Yes □ No □ If yes, which state or states? (Please attach explanation) 2. Has any professional association rejected your application for membership or revoked a membership vou held? If yes, attach explanation. 3. Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by a state board of psychologist examiners of such unprofessional conduct? Yes □ No □ If yes, give full details on a separate sheet. 4. Have you been convicted by a court of law for any offense in connection with your practice as a psychologist? Yes □ No □ If yes, attach explanation.

(over)

5. Have you been convicted of a felony after being licensed in the State of South Dakota?

Yes □ No □

I,	, (please print) hereby ap	ply for licensure renewal by
the State of South Dakota Board of Examine (check or money order payable to the SD B is not refundable.	ers of Psychologists. Enclosed is	s the \$200.00 renewal fee
Signature		Date
In South Dakota Law the number of CEU continuing education. If you need add	itional space, please make addi	ut you must complete SOME tional copies of this form.
TITLE OR NAME OF ACTIVITY		
LEADER, DEGREE, TITLE/POSITION SPONSORINGAGENCY		
CONTENT		
FORMAT		
CONTINUING EDUCATION CATEGORY: F		
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